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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health	
BUREAU OF VITAL STATISTICS		STATE FILE NO. 196	
1. PLACE OF DEATH		COUNTY <u>Maricopa</u> STATE <u>ARIZONA</u>	
TOWNSHIP		OR VILLAGE	
CITY <u>Wickenburg Ariz</u>		NO. <u>108</u>	
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)		ST. <u>108</u> WARD	
2. FULL NAME <u>Mary Louise Dowdy</u>		HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.	
(A) RESIDENCE: NO. <u>Congress Junction</u> ST. <u>108</u>		HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS.	
(USUAL PLACE OF ABODE)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Spanish</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mark Dowdy</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26, 1913</u>			
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, HRS. OR MIN. <u>24</u> <u>1</u> <u>17</u>			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>H.W.</u>			
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)			
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			
12. BIRTHPLACE (CITY OR TOWN) <u>Congress Junction</u> (STATE OR COUNTY) <u>Arizona</u>			
13. NAME <u>Seferino La. Monte</u>			
14. BIRTHPLACE (CITY OR TOWN) <u>Spain</u> (STATE OR COUNTY)			
15. MAIDEN NAME <u>Salome Martinge</u>			
16. BIRTHPLACE (CITY OR TOWN) <u>Mexico</u> (STATE OR COUNTY)			
17. INFORMANT <u>Mark Dowdy</u> (ADDRESS) <u>Congress Junction</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Congress Junction</u> DATE <u>6/14/37</u>			
19. EMBALMER LICENSE NO. <u>188-A</u> SIGNATURE <u>W. L. Coffinger</u> FUNERAL DIRECTOR <u>W. L. Coffinger</u> ADDRESS <u>Wickenburg Ariz</u>			
20. FILED <u>6/14/37</u> REGISTRAR			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>6/13, 1937</u>			
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>5-74-37</u> TO <u>6/13/37</u>			
I LAST SAW <u>HER</u> ALIVE ON <u>6/13/37</u> , 19 <u>37</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>3:30 A</u> M.			
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Bilateral Lobar Pneumonia</u> <u>Acute Rheumatic fever</u> <u>Pelvic suppurative disease</u>			
DATE OF ONSET <u>6-10-37</u>			
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:			
NAME OF OPERATION <u>None</u> DATE OF <u>None</u>			
WHAT TEST CONFIRMED DIAGNOSIS? <u>None</u> WAS THERE AN AUTOPSY? <u>No</u>			
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY 19 <u>37</u>			
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE			
MANNER OF INJURY			
NATURE OF INJURY			
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? IF SO, SPECIFY			
(SIGNED) <u>Floyd B. Bralliar</u> M. D. (ADDRESS) <u>Wickenburg Ariz</u>			

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION